

Pexton Grange Limited







Pexton Grange

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Pexton Grange provides accommodation and nursing care for up to 57 people. The home is divided into 3 floors, one dedicated to nursing care for older people, one to rehabilitation support for adults of any age and the third to supporting older people living with dementia. Intermediate care beds are provided on each floor. All of the bedrooms are single. A garden and car park are provided. The home is close to bus routes to the city centre.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Pexton Grange took place on 08 July 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 26 January 2015 and was unannounced, which meant the provider and staff did not know we would be visiting. On the day of our inspection there were 56 people living at Pexton Grange.

People told us they were well cared for by staff that knew them well, and they felt safe.

Relatives told us their loved ones were well cared for and they had no worries or concerns about Pexton Grange.

We found systems were in place to make sure people received their medication safely.

Staff were provided with induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people were provided with some activities to provide leisure opportunities. However, some people told us activities were limited and they were sometimes bored.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys and the results of these had been audited to identify any areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were sufficient numbers of staff to keep people safe and meet their needs and an effective staff recruitment and selection procedure had taken place when recruiting staff.

Staff had training in safeguarding vulnerable adults and were aware of the procedures to follow to report abuse.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required.

People were provided with a range of food and drink to maintain their health and respect their preferences.

Good



Is the service caring?

The service was caring.

Staff knew people's preferences well and we saw some interactions that showed staff respected people's privacy and dignity, but we saw two examples where people's dignity and choice had not been fully respected.

Staff were positive and caring in their approach and interactions with people. They assisted people with patience and kindness.

People using the service and relatives spoke very highly of the care and support provided. Relatives said they were made to feel very welcome during their visits.

Good



Is the service responsive?

The service was responsive.

People's care plans were kept under review and had been amended in response to changes in their needs.

Staff understood people's preferences and support needs. Whilst a programme of activities was in place, some people told us that activities were limited.

People using the service and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The manager and staff told us they felt they had a good team. Staff said the manager and team leaders were approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



Pexton Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 January 2015. The inspection team consisted of three adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a provider information return (PIR) which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

A team of NHS staff are based at Pexton Grange to support people with rehabilitation.

We contacted commissioners of the service and 16 external health and social care professionals who had knowledge of

Pexton Grange. We received feedback from Sheffield local authority contracts team, two GP's, three geriatric consultants, six specialist nurses, two social workers, a pharmacist and a Community Psychiatric Nurse (CPN). This information was reviewed and used to assist with our inspection.

During our inspection we used different methods to help us understand the experiences of people living at the service. These methods included both formal and informal observation throughout our inspection. We spent time observing daily life in the home including the care and support being offered to people. The formal observation we used is called Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and how care was provided. One of the three adult social care inspectors visited the home for two hours to undertake a SOFI.

On the day of our inspection 56 people were living at the home. During our inspection we spoke with 15 people living at the home, two relatives, the registered manager, the deputy manager and nine members of staff which included care and ancillary staff.

We spent time looking at records, which included six people's care records, five staff records and other records relating to the management of the home.

Is the service safe?

Our findings

People living at Pexton Grange said they felt very safe. Their comments included, “We are all safe here, all well looked after,” “It’s A1 here, it honestly is. I didn’t want to come here, and now I don’t want to go home. That’s how good it is. I know I am alright here” and “It’s very good. They [staff] are lovely and make sure you are alright. I would tell you if I didn’t feel safe.” People told us that if they did have a worry about safety, or any other concern, they would tell any member of the care team and they were confident they would deal with the concern appropriately and involve the right people. People told us they received their medicine on time and had not experienced any problems.

Relatives spoken with said that they had no worries or concerns about their loved ones safety.

People living at the home and relatives we spoke with told us there was enough staff on duty to provide assistance and support. Comments included, “If I call them [staff] they always come quickly,” “You ring the bell and they come straight away” and “There is always someone around to help.” Throughout our inspection we saw that staff were available to respond to people’s needs. We found that the nurse call system was linked to the homes computer so that response times were recorded. This meant the manager could audit these to ensure staff responded in a timely manner.

We saw therapists and care staff helping people with their mobility in a patient manner that ensured their safety.

Staff confirmed that they had been provided with safeguarding vulnerable adults training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take

appropriate action to help keep people safe. The manager told us that one member of staff was qualified to provide training in safeguarding vulnerable adults which meant that this training could be provided to all staff as needed.

We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire Joint Agency Safeguarding Procedures was available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them.

The service had a policy and procedure on safeguarding people’s finances. The manager explained that small amounts of monies were kept in the home’s safe for some people. We spoke with the administrator who showed us monies were kept in individual accounts. We checked the financial records, amount of money kept and receipts for five people and found the records, money kept and receipts tallied. The manager informed us that the financial systems were audited annually and by the company’s area manager during their routine visits. We saw records of the area manager’s visits which verified this. This showed that procedures were followed to help protect people from financial abuse.

We looked at five staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

We looked at six people’s care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the risk. We found that risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. We saw that risk assessments had been amended in response to people’s needs. For

Is the service safe?

example, one record had been amended to show a person could walk without the use of a frame. Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments.

At the time of this inspection 56 people were living at Pexton Grange. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the home's staffing rota for the month prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met.

One professional contacted prior to our inspection commented, "The low turnover of staff is very apparent and many of the carers and assistants have been there for years. This is fundamental to the feeling of a stable environment with a family warmth to it."

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines. We found that a pharmacist and a GP visited the home on a weekly basis together to check people's medications and records.

We observed staff administering some of the lunch time medicines. We saw medicines were given to people from a

medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet.

We found that one person had been identified as sometimes needing their medicines administered covertly. We checked their care plan and found clear guidelines and signed agreements from the GP and family. A capacity assessment and best interest meeting had been undertaken, in line with the MCA and to show that the person had been considered. This showed that identified procedures were followed to ensure the person received their medication.

One professional contacted prior to our inspection commented, "Medication and the ordering of drugs is co-ordinated well between the nursing staff and [GP's]. They also have good relationships with [the local] pharmacy."

We found that a policy and procedures was in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that infection control audits had been undertaken, which showed that any issues were identified and acted upon. We found Pexton Grange to be very clean. Two domestic staff spoken with said that they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. In the PIR, the manager informed us that they had completed infection prevention and control module at Sheffield University and the home had link nurses for infection control and medication management. This showed that procedures were followed to control infection.

Is the service effective?

Our findings

People living at Pexton Grange said their health was looked after and they were provided with the support they needed. Comments included, "I'm happy here. I don't want to leave. [Staff] look after me. They keep weighing me to check if I've put weight on" and "They [staff] help you get better, my walking has improved."

We asked relatives about the health care support provided to their loved ones. They commented, "when they said [my relative] needed to come in here after hospital, I was terrified, but I feel happy about how [my relative] is being looked after. I couldn't cope with them at home in this state, but I've been included in discussions about their care, and I feel reassured by how they look after [my relative]. They're building them up. They're still very weak, but they're feeding them very well." and "It's good here. There are different therapists and the care staff are lovely. [My relative] has seen the doctor each week and they are doing really well."

People told us they enjoyed the food provided. Comments included, "I couldn't better the meals," "There's always a good choice and you can have different to everybody else if you want," "They [staff] keep me well fed" and "The food is very good. They know what I like to eat. I've no complaints at all."

Staff told us that they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. It identifies strengths and weaknesses and sets objectives for the staff member to work towards.

Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

Professionals contacted prior to our inspection were positive about Pexton Grange. Their comments included, "If

I ask for a fluid balance chart—I get the most accurate chart (right till the last drop) I have ever seen in my life (never even seen the intensive care in hospitals do it so accurately)," "All the support workers [care staff] promptly come to the nurses if they spot the patients are not well. Their observations help and clearly demonstrate how multi-disciplinary teams can all work together," "If the staff are worried that a patient is not eating—the chef personally meets the patients and families and caters for their needs, "Care staff are frequently checking if the patients need any support. Jugs of water and drinks are often being offered to the patients and patients have never mentioned that the care provided was insufficient. They are pro-active in promoting enablement" and "The unit has a ward for patients with dementia and mental health problems and the staff working in that ward are keen on providing a friendly and caring environment for their patients. They always look for non-pharmacological approaches to deal with difficult behaviour."

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs), how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

In the PIR the manager informed us that individual members of staff had been identified as Champions in Nutrition and the manager had completed 'dementia in old age' at York university so that they could share knowledge and updates with staff. They told us a consultant geriatrician visited the home twice weekly and a medical consultant visited to review people who lived with dementia on a weekly basis. The GP visited daily and completed a full round each week. A weekly MDT (multi-disciplinary team) meeting to discuss people's care, treatment and outcomes took place. We saw records of the

Is the service effective?

MDT meetings to show that they had taken place and staff confirmed to us that the GP visited on a daily basis. This showed that people had access to a range of health professionals to meet their needs.

We looked at six people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. One person told us some specific information about their diet. We spoke with staff who could describe how the person was supported. We also checked the person's care plan and found clear details regarding this so the person's needs could be met.

The care plans showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where weight loss was identified. Health care contacts had been recorded in

the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

We observed part of breakfast in the ground floor dining room. We saw meals were nicely presented. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. Staff clearly knew people's likes and dislikes.

We spent time in the unit which supported people living with dementia. We saw that staff took time to talk with people and were attentive to their needs. People were content and smiling.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. They showed us how blended diets were presented so that food remained separate and appeared more appetising for people. We looked at the menu and this showed that a varied diet was provided and choices were available at all mealtimes.

Is the service caring?

Our findings

People living at Pexton Grange said that they were well cared for. Their comments included, “The staff are lovely, very caring,” “The staff are good. They know what they're doing. They take you to the shower and they give you a towel for your bits. I feel comfortable with them. They make me feel at ease. I came here a few weeks ago it's been like a small miracle. I feel safe and I have good company. They [staff] pop in for a chat and check I'm ok and don't need anything” and “They're very kind and trustworthy. Some of the girls [care staff] will bring me in a packet of crisps if I fancy. They do my hair, and help me in the shower, but they never make me feel embarrassed.”

Relatives spoken with said the staff were very caring. Their comments included, ‘Very caring [staff]. We've no worries at all’ and “I haven't felt worried about here [Pexton Grange]. From the first day I was welcomed by everyone, and I know [my relative] is well looked after.” One relative told us they had been really worried that [their relative] would have to move out of Pexton Grange after 6 weeks as they were being supported with rehabilitation. The relative said that the managers and staff had reassured them that 6 weeks was a guideline and their loved one would stay at Pexton Grange until they were sufficiently fit to return home. They felt included in discussions about their loved ones care, and confident that they were well looked after.

Professionals contacted prior to our inspection told us, “The staff are very aware of the needs of the families of residents and keep them well informed and involved in decisions where appropriate. Overall I cannot praise Pexton Grange highly enough. The staff are dedicated and professional but also caring and friendly,” “Families and patients have always told me they were not sure what to expect when they went to Pexton Grange and they had a lot of anxiety. Once they experienced the care they wanted to stay there permanently” and “On several occasions I had the opportunity to witness the staff dealing in a very caring and empathetic way with the requests of the patients, surely making them feel well looked after and that their request was never much to ask.”

We found there was a relaxed and calm atmosphere everywhere in the home. Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew people living at the home very well. We saw staff kindly distracting people who appeared distressed

and stay with them until they were chatting and laughing. There was an obvious rapport and genuine warmth between them. We saw some very good humoured ‘banter’ between people living at the home and staff. We observed staff engaging with people and being very tactile but in a respectful way, squatting down to talk to people at eye level, holding hands etc. All the staff we spoke with were able to tell us things about individual people's life stories. For example, one staff member told us about a person's unusual job. We saw staff promoting people's independence, for example encouraging a person to walk with their help.

We saw people were able to choose where they spent time and walked around the home where they were able to.

With the exception of the two occasions described below, we saw that people's privacy and dignity was promoted so that people felt respected. Staff were seen to knock on doors and wait for a response before entering. All personal care took place in private. We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect.

However, we saw two occasions where people's dignity was not respected. We saw staff in the lower ground floor lounge with people living at the home. They were heard to ask “have you done the walkers?” referring to people who were independently mobile. On another occasion staff were with people living at the home and heard to say “Did you take [name] to the toilet before lunch?” and “No, he was with the therapist, we didn't toilet them.” We discussed these observations with the manager and deputy manager who gave assurances that these would be discussed with staff to remind them of good practice in relation to maintaining people's privacy and dignity.

We found that information on advocacy services had been provided to people and leaflets were seen on display in the entrance area of the home. An advocate is a person who speaks up on behalf of a person.

We looked at six people's care plans. These contained information about the person's preferred name and identified how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included food choices

Is the service caring?

and preferred routines. The plans showed that people and their relatives had been involved in developing their care plans so that their wishes and opinions could be respected. Each care plan seen also included an advanced care plan which detailed the person's choices and wishes for their future care and end of life.

This showed that important information was recorded in people's plans so that staff were aware and could act on this.

People living at the home said they knew they had a care plan and staff talked to them about this. Some people spoken with also told us that they were not interested in their plan because they got the care they needed.

We found that the home had been awarded the 'Gold Standard Framework' from the National Skills Academy and had been awarded the accreditation "living well until you die". In the PIR the manager told us 34 staff had been trained in end of life care.

Staff told us that end of life care was discussed in team meetings and supervisions. They could clearly describe how they would care for someone with dignity and commented, "it's important, the last thing we can do, it's about what they [the person living at the home] want."

Some professionals contacted prior to our inspection commented specifically on end of life care. They said, "Their [Pexton Grange] 'end of life care gold standard framework' needs a special mention too—as some patients in their dying moments get dignified, compassionate care," "Pexton Grange are able to offer an excellent end of life provision to the individual patient and their families in a dignified respectful manner. They have actively sought training on end of life issues including syringe drivers and verification of expected death" and "The team of nurses have always been pro-active in referring residents who have challenging end of life care needs and have always been open to advice."

We found that the home had named 'dignity champions' so that important information and good practice could be shared.

Is the service responsive?

Our findings

People living at Pexton Grange said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, “They [staff] are all friendly and know me well. I can talk of any of them,” “nothing is too much trouble” and “I’ve never had any real worries, if I did I’m sure they [staff] would sort them out.”

People told us some activities were provided, which they enjoyed. However, two people living at the home said they were sometimes bored. A relative spoken with said that activities appeared limited. Another relative contacted us prior to our inspection to share their concern that their relative was sometimes bored and the activity worker was undertaking care duties. We spoke with the manager about this who explained that the activity worker was employed for 35 hours each week and spent two hours each morning supporting care staff. The remainder of the day was spent in activities. The manager gave assurances that they would speak with people living at the home and the activity worker to identify further activities that respected people’s choices.

We saw a timetable of activities was on display that showed activities such as reminiscence, quizzes and board games took place. During our inspection the activity worker was not present but we saw care staff having one to one chats and playing dominoes with people.

Relatives said that they could speak with staff and found them approachable and friendly. One relative said, “They’re all very friendly and professional. When [my relative] needs anything, they’re very responsive.”

Professionals contacted prior to our inspection told us, “The care provided to the residents is of the highest standard. I have been particularly impressed with the attentiveness of the staff to the residents and their efforts to make life interesting with regular activities, visiting music groups, decorations at Christmas and other times. There always seems to be something going on to create a stimulating environment, particularly for the EMI residents” and “The care the people here receive is very sympathetic and empathetic, individualised care.”

The six care plans seen contained details of people’s identified needs and the actions required of staff to meet these needs. The plans contained information on people’s life history, preferences and interests so these could be supported.

Staff spoken with said people’s care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people’s individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw and heard staff asking people their choices and preferences throughout the day so that these could be respected. Staff were heard asking people where they would like to sit, what they would like to watch on television or if they would like to listen to music.

One person told us some specific information about their interests and occupation. We looked in this person’s care plan and found clear details of the actions required of staff to meet this person’s needs in line with their preferences. Another person told us about something that had impacted on their health. We checked their care plan and found details of this were recorded so that staff could support them. This showed that important information was recorded in people’s plans so that staff were aware and could act on this. The care plans seen had been reviewed on a regular basis to make sure they contained up to date information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and a suggestions box in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the ‘service user guide’ provided to them when they moved into Pexton Grange. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager had been in post since October 2007 and was registered with CQC.

Staff spoken with said the staff at Pexton Grange were ‘a good team.’ They told us they enjoyed working at the home and said they were proud of the service and the care provided. All the staff spoken with said they were well supported by the management.

Staff told us, “This home is really good. People matter. I left and came back I missed it that much,” “I think we are a good team. Considering there are so many of us, therapists and carers and nurses, we all work together” and “The manager is really good. She has an open door policy.” Staff told us that communication was good and they could speak up and be listened to.

During our visit we found the atmosphere in the home was calm and friendly. We saw many positive interactions between the staff on duty and people who lived at Pexton Grange.

We observed both the manager and deputy manager out and about around the home and it was clear that they both knew people living at the home very well. We saw that people living at the home and staff freely approached management to speak with them.

Relatives told us that staff were approachable, friendly and supportive.

Professionals contacted prior to our inspection told us, “I am impressed with the style of management, the diversity of the staff, their team approach and the overall helpfulness of delivery of care is of excellent standard,” “The attitudes and skills of the staff employed by the home are of a good standard. Patients and their relatives are very happy with their care’ the few complaints whilst I was working there were of a minor nature and readily resolved by getting together and talking,” “The communication with [us] has always been good and they have coped well with the additional pressure put on by the intermediate care facility - this involves a lot of paperwork and feeding information between consultants, GPs, therapists and nursing teams - all done with speed and accuracy,” “I find the records to be well maintained and accessible, care plans are carried out and updated appropriately,” “They work well with families and all professions across all boundaries, such as hospital

teams, therapists, social workers, dieticians, palliative care teams, social worker, dieticians and mental health workers. All these teams have always complimented and praised the staff and readily come to help them,” “I like the manager’s way of monitoring the “buzzer-call system” and response rate of her staff to respond when a patient calls for help. In fact I have even suggested this system to [other professionals working in a hospital setting]” and “We receive an excellent accommodating service from the Pexton team who over the years have built upon firm respected relationships and continued to work well as a team. The wrap around service we provide to the beds from NHS is CPN [Community Psychiatric Nurse], Dietician, Pharmacy, Physiotherapist, OT [Occupational Therapist], Nurse Case Management, Consultant Geriatrician and Infection Control support. All work closely with all the staff and GP at Pexton.”

The manager told us that residents and relatives meetings did not take place as these had been arranged in the past and people chose not to attend. However, the manager had introduced weekly ‘Tea and Time’ sessions where she was available for a drink and chat for anyone who wished. Posters informing people of these sessions were on display in the entrance hall. People living at Pexton Grange told us they could go to the manager to talk to her about anything. The manager gave assurances that people were asked if they would be interested in attending residents meetings so that this could be provided if needed. This showed systems were in place to obtain people’s views.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw that a representative of the provider had undertaken monthly visits to check procedures within the home.

We saw that checks and audits had been made by the manager at the home. These included care plan, medication and health and safety audits. We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

People who used the service, relatives and healthcare professionals were asked for their views about their care and support and these were acted on. We saw that surveys had been sent to people living at the home and their relatives within the last year to formally obtain their views. We saw that the returned surveys had been audited and

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the results were available in the entrance area for people to read. The manager told us that any specific concerns highlighted from the surveys would be dealt with on an individual level to respect confidentiality. In the PIR the manager told us that each service user completed a questionnaire on discharge and this was monitored by the NHS to identify any issues.

Staff spoken with said staff meetings took place so that important information could be shared. The minutes seen showed a variety of topics were discussed, such as safeguarding and health and safety. Staff told us they were

always updated about any changes and new information they needed to know. In the PIR the manager told us clinical governance meetings took place quarterly and these were attended by the GP and NHS staff.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.